

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2013
NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code State Licensure Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 05/03/13</p> <p>Facility Number: 001128 Provider Number: 001128 AIM Number: NA</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Friends Fellowship Community was found not in compliance with Requirements of the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, in the corridors, in spaces open to the corridors and hard wired smoke detectors in the 24 Courtyard Hall resident rooms and battery operated smoke detectors in the 35 Health Center Hall resident rooms. The facility has a capacity of 92 and had a census of 63 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/14/13</p>	S 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

KZEX21

If continuation sheet 1 of 6

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S 000	Continued From page 1	S 000		
S 029	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling fire door was in accordance with NFPA. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice does not affect any</p>	S 029		

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S 029	Continued From page 2 residents, since the kitchen is separated from the Special Care Unit Halls and Health Center Halls by a 2 hour fire barrier wall. Findings include: Based on observation on 05/03/13 at 10:30 a.m. with the director of maintenance, the rolling fire door protecting the opening from the kitchen to the Kitchen Service Hall lacked an attached inspection tag. Based on interview on 05/03/13 at 10:50 a.m. with the director of maintenance, when asked for an annual inspection for the kitchen rolling fire door, it was stated the kitchen rolling fire door has never had an inspection. This was confirmed by the director of maintenance at the exit conference on 05/03/13 at 1:20 p.m. 3.1-19(b)	S 029			
S 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 1. Based on observation and interview, the facility failed to replace 3 of over 300 sprinklers in the facility covered with corrosion. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition,	S 062			

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S 062	<p>Continued From page 3</p> <p>2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 35 residents who reside in the two Health Center Halls.</p> <p>Findings include:</p> <p>Based on observations during a tour of the two Health Center Halls with the director of maintenance on 05/03/13 from 9:55 a.m. to 12:20 p.m., the two sidewall sprinklers in the patio west wall and the sprinkler in the liquid oxygen storage room were covered with green corrosion. This was verified by the director of maintenance at the time of observation and confirmed by the director of maintenance at the exit conference on 05/03/13 at 1:20 p.m.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 19 of over 300 sprinkler heads in the facility were maintained. This deficient practice could affect 35 residents who reside in the two Health Center Halls.</p> <p>Findings include:</p> <p>Based on observations on 05/03/13 during a tour of the two Health Center Halls with the director of maintenance from 9:55 a.m. to 12:20 p.m., the following areas had sprinkler head escutcheons which were not flush to the ceiling leaving between a quarter inch and one inch gap into the attic space above; two sprinklers in the residential care coordinator office, two sprinklers in the West Hall by the set of smoke barrier doors, two sprinklers in the director of nursing office, two sprinklers in the storage room near the director of</p>	S 062			

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S 062	Continued From page 4 nursing office, three sprinklers on the south side of the activity room, one sprinkler in the West Hall soiled linen room, one sprinkler in the West Hall clean linen room, two sprinklers in resident room 31, one sprinkler in the East Hall nourishment pantry, two sprinklers in the East Hall kitchenette, one sprinkler in the East Hall soiled linen room. This was verified by the director of maintenance at the time of observations and confirmed by the director of maintenance at the exit conference on 05/03/13 at 1:20 p.m. 3.1-19(b)	S 062			
S 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 84 wet location resident care areas was provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1 requires utilities to comply with the provisions of Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection.	S 130			

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S 130	<p>Continued From page 5</p> <p>Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 4 residents who use the beauty shop at a time.</p> <p>Findings include:</p> <p>Based on observation with the director of maintenance on 05/03/13 at 12:15 p.m., the beauty shop near the kitchen had an electric strip with thirty individual electric outlets along the entire north wall above the hair wash basins with no ground fault circuit interrupter on the electric outlets. Based on observation of the main electrical breaker panel with the director of maintenance on 05/03/13 at 12:19 p.m., the circuit breakers for the electric outlets were not provided with GFCI protection. This was confirmed by the director of maintenance at the exit conference on 05/03/13 at 1:20 p.m.</p> <p>3.1-19(b)</p>	S 130		